CAROLE CHAUVIN FAX No. 864 859 9227 PAGE 01/01

P, 002

NOV/06/2014/THU 12:51 PM Bowers Services

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office **Motor Carrier Matters** P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199

S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

Mail or fax a copy to:

DATE	11-5-2014		
<b>0</b> 1	e consider this an application for F	Reinstatement 0	fmy: RECEIVED
Pieasi		NOV -6 2014	
	Taxi Certificate Number		
X Charter Certificate Number 8347			TRANS DEPT
	Charter Bus Certificate Number		<del></del>
	Non-Emergency Certificate Number		
<b>V</b> ly cer	tificate was revoked/cancelled on	8/15/2084cat	use non renewal of permits. We were not sure
We WE	ere going to be able to continue in	business.	·
l am e pot	seeking reinstatement because ential new avenue of service	We have a rer	newed ability to continue operating. We also have
Bow	ers Signature Services 上上乙	DBA	(If will-a-bla)
	(Name of Company)		(if applicable)
301 East A Avenue		_	P O Box 1828
	(Street Address)		(Mailing Address if different from Street Address)
Easley SC 29640 (City, State, Zip Code)			Easley S C 29641
		-	(Signature)
8	64-269-7888 (Telephone Number)		(Title) Owner, President, etc.

ORS Revised 2-22-10

